

below the cylinder, as has been often found in the cases where Murphy's button was employed. The fæcal current evidently circulated freely through the cylinder.

At the third or fourth day the cylinder was found to be just as firm as at the operation, though its ends and lumen had begun to show that it was being digested away. It can be assumed that the vegetable cylinder remains in place five or six days, which is abundant time for strong adhesions to form. After eight or ten days the cylinder could not be found anywhere in the intestinal tract nor in the fæces which had been previously passed. It had been completely digested. At this time only a linear scar remains, and there is nothing like a sign of stenosis to be found.

The animals experimented upon by Landerer were not nursed, but on the following day were given their ordinary food. The operation is more difficult in dogs than in men, because in the dog there is a very strong tonic contracture of the circular muscles of the intestine, which causes the mucous membrane to extrude and makes the operation difficult. But still Landerer has obtained good results, with no other serosa suture than one at the mesenteric insertion. When the mucosa protrudes too much, a circular piece can be cut off.

In the large intestine larger cylinders must be used. From experiments upon the cadaver Landerer finds that the operation is entirely applicable for gastro-enteroanastomosis and for resection of the pylorus. Here the cylinders must be shorter.—*Centralblatt für Chirurgie*, No. 13, 1895.

JAMES P. WARBASSE (Brooklyn).

III.—Excision of Non-Cancerous Strictures of the Rectum through an Incision in the Posterior Vaginal Wall.

By M. CAMPENON (Paris). The tendency of surgeons at the present time is to excise strictures of the rectum. An endeavor is always made to preserve, if possible, the external sphincter. This is the aim of the operations devised by Kraske and by Hartmann. The operation of the latter surgeon is not applicable in all cases; and

if we are to believe the recent thesis of Morestin, the operation of Kraske has not given any very remarkable results.

M. Campenon has been led to propose another way in the female. His patient was a woman, twenty-six years of age, suffering from a stricture of venereal origin, situated at the ano-rectal end of the gut. Its upper border could not be reached by the finger. The operation was as follows: The patient was placed in the dorsal decubitus, just as for a vaginal hysterectomy, a retractor supported the anterior vaginal wall, and he then divided by transfixion the entire recto-vaginal septum. The two valves thus made were held aside by his assistants, by means of silk threads passed through each side. Through the extensive field of operation which was thus exposed he was able to excise the strictured portion of the gut, which was first freed above and below by two transverse incisions. The upper end of the gut was then brought down and fastened by two rows of sutures; the sphincter was restored by four interrupted sutures, and the operation was finished by an ordinary perineorrhaphy. The result was good, there were no complications, and the patient was discharged on the fifteenth day as cured.—*Transactions of the French Congress of Surgery*, 1894.

H. P. DE FOREST (Brooklyn).

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